Alabama College of Osteopathic Medicine

ADVANCED CLINICAL SKILLS TRAINING
DO CLIN 894/999
2017-2018

Clerkship Chair: Joseph Baker II, DO
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Office Hours: By Appointment (via email only)

Grading: Credit Hours: 2 or 4
Final letter grades will be determined in accordance with the ACOM Student Handbook.

I. PRE-REQUISITES:

Beginning the Advanced Clinical Skills Training Clerkship Rotation requires the successful completion of Year 2 and COMLEX-USA Level 1. This is a required clerkship rotation for students who have taken but failed to pass the COMLEX-USA Level 2-PE.

II. CLERKSHIP ROTATION DESCRIPTION:

The Advanced Clinical Skills Training Clerkship Rotation is designed to facilitate student improvement on the COMLEX-USA Level 2 Performance Evaluation. In order to meet this goal, students will work with clinical faculty, clinical skills educators, and the Clinical Competency Center staff to improve their clinical skills in the context of standardized patient encounters. Students will complete a variety of standardized patient encounters followed by a self-assessment of their performance. Students will also meet regularly with clinical faculty to determine their specific learning needs. At the end of the rotation, the student’s progress will be evaluated by a board style OSCE. The length of this clerkship rotation is either 2 weeks or 4 weeks.

III. CLERKSHIP ROTATION GOALS AND OBJECTIVES:

Goals

The goal of this rotation is to help students prepare for re-examination of the COMLEX-USA Level 2 Performance Evaluation. The emphasis will be on the integration of osteopathic medical knowledge and skills in a clinical context through the use of standardized patient encounters. The following areas will be focused on throughout the rotation: doctor-patient communication, interpersonal skills and professionalism, medical history-taking and physical examination skills, osteopathic principles and osteopathic manipulative treatment, and documentation skills (including synthesis of clinical findings, integrated differential diagnosis and formulation of a diagnostic and treatment plan).
Specific Learning Objectives:

By the end of this clerkship rotation, students should be able to:

- Demonstrate the use of a patient-centered and doctor-centered approach to the history of the present illness.
- Demonstrate the ability to obtain the past medical, family, and psychosocial history (PMFSH) that is appropriate for the patient’s clinical presentation.
- Demonstrate the ability to obtain an appropriate review of systems (ROS) for the patient’s clinical presentation.
- Demonstrate the appropriate physical exam for the patient’s clinical presentation.
- Demonstrate the appropriate osteopathic structural exam and manipulative treatment for the patient’s clinical presentation.
- Demonstrate the appropriate documentation of a patient encounter utilizing the SOAP note format.
- Demonstrate an appropriate oral case presentation for the patient’s clinical presentation.
- Evaluate their learning needs by using the process of critical reflection.

IV. FORMAT AND PROCEDURES:

Attendance at the clerkship rotation site is required at all times designated by the clerkship chair. Students are strongly encouraged to update their portfolios in E*Value daily. Students are expected to complete all assignments in a timely manner and participate in all scheduled interactive didactic sessions.

V. APPROVAL OF PRECEPTORS WILL BE IN ACCORDANCE WITH ACOM CREDENTIALING POLICY

Approval of preceptors will be by the Clerkship Chair. MD or DO board certified physicians with an ACOM core site are preferred. MD or DO board certified physicians outside a core area may be used if no approved core site physician is available, as determined by the clinical education office.

VI. CLERKSHIP ROTATION REQUIREMENTS:

1. Attendance & Participation:

- 100% attendance is required to all events defined by the clerkship chair and as listed below.
- Absence excused by the clerkship chair is required.
- Students are expected to complete all reading assignments.
- It is the responsibility of the student to contact the clerkship rotation site in ample time prior to arrival to learn the expectations for the first day of the clerkship rotation.
- The extent of student involvement in the ACOM curriculum will be determined by the clerkship chair.
- Hours of duty, night and weekend coverage, and holiday assignments are at the discretion of the preceptor. **The work week is limited to a minimum of 45 hours per week and maximum of 80 hours per week, averaged over the four-week duration of the clerkship rotation.**
- Students are to receive one day in seven free from clinical activities averaged over a four-week period.
- Any absence during scheduled clerkship rotation work hours, for any reason, must be approved by the clerkship chair.
- An absence from a clerkship rotation will be excused only under extreme circumstances. Students cannot be absent from any clerkship rotation experience without permission from the clerkship chair. Absence from a clerkship rotation in excess of three days or any unexcused absence will be reviewed by the Associate Dean of Clinical Sciences and may result in repetition or failure of the clerkship rotation.
2. **Required Textbook(s) & Equipment:**

- *Macleod's Clinical Examination* by G. Douglas, F. Nicol, C. Robertson (eds); 13\textsuperscript{th} edition. 2013
- *Bates' Guide to Physical Examination and History Taking* by L. Bickley, 12\textsuperscript{th} edition.
- *DeGowin's Diagnostic Examination* by R. LeBlond, D. Brown, M. Suneja; 10\textsuperscript{th} edition. 2014
- *Smith's Patient Centered Interviewing: An Evidence-Based Method* by R. Smith, A. Fortin, F. Dwamena, R. Frankel, 3\textsuperscript{rd} edition. 2012
  - Chapter 3 of this text especially
- DocCom Healthcare Communication Skills modules
- Sphygmomanometer, stethoscope, and a diagnostic kit which includes an ophthalmoscope and otoscope, reflex hammer, and tuning fork at 512 decibels.
- *ACOM issued Apple iPad Mini, fully functional.*

3. **Assignments & Clinical Skills:**

   - Learning Agreements
     - Students are required to meet with the clerkship chair on the first or second day of the clerkship rotation to complete a learning agreement (see Appendix A). This procedure is designed to help students and preceptors come to an agreement regarding what needs to be accomplished in each specific clerkship rotation. An electronic copy of this form is available on E*Value. Use this syllabus and/or Appendix B to select the learning objectives that will be used for each specific clerkship rotation. An electronic copy of this list is located on E*Value. Once the learning agreement is completed and signed by both parties, students are required to upload it to the appropriate software platform. They should also retain a signed copy for their own records.
     - Students are to prepare for the rotation by reviewing the Orientation Guide for the COMLEX-USA Level 2 PE available at the NBOME website.
     - Specific didactic requirements will be located in SEAMed.
     - See Appendix B for Core Problems Necessary for Graduation

4. **Post-Rotation Exam**

   - OSCE

5. **Evaluations:**

   - *Evaluation of Student in OMM Clinic:* It is the responsibility of the student to ensure that evaluation forms are completed and turned into the Clinical Sciences Coordinator by the completion of the clerkship rotation.

**VII. GRADING PROCEDURES:**

The grade for this clerkship rotation will be assigned by the ACOM Clerkship Chair, based on the following grading elements. Students must score 70% or higher on each grading element to pass the clerkship rotation.

- OSCEs (50%)
- All Other Rotation Didactics (50%)

**Note well:**

- You must complete and pass the OSCEs element of the clerkship rotation. If you fail it, you will be offered one attempt to remediate the activities through assignments given by the clerkship chair.
- Successful remediation of the OSCEs element failing grade will be reported as a 70% for that part of the overall course grade. Unsuccessful remediation results in a failing grade for the course and referral to SPC for disposition.
- You must complete and pass the Rotation Didactics element of the clerkship rotation. If you fail Rotation Didactics, you will be offered one attempt to remediate the activities through
assignments given by the clerkship chair.
  o Successful remediation of Rotation Didactics failing grade will be reported as a 70% for that part of the overall course grade. Unsuccessful remediation results in a failing grade for the course and referral to SPC for disposition.

VIII. PROFESSIONALISM

ACOM students are expected to demonstrate high ethical standards with empathy, compassion, honesty, academic, clinical, and personal professionalism at all times. Clerkship physicians and clinical team members will be required to identify these behaviors as part of the ACOM student’s final grade on their respective service. Also, unless otherwise indicated by the preceptor, the student should wear a clean, wrinkle-free white ACOM clinic jacket and identification badge. The ID badge should be worn above the waist and visible at all times.

IX. VIDEO CONFERENCES

Virtual conference days and times are listed in SEAMed. Although attendance at the video conferences is strongly encouraged, patient care is more important. If you are unable to attend a video conference due to patient care responsibilities, you are required to email the Clerkship Chair (and CC Amanda Gant) prior to the video conference, as soon as you realize that you will not be able to attend.

You must also send a scanned copy of a written statement from your preceptor saying your presence was required. If your service experiences an emergency, you may send the email the following morning. Failure to send the email and written statement will result in 5% taken off the didactic portion of your score in this course.

If you do notify the Clerkship Chair following the above guidelines, you will receive a makeup assignment. This makeup assignment should take you about 3-4 hours to complete, and will include watching the recorded session, writing a 1 page report on what you learned, and writing up a de-identified case presentation for the patient you saw during your scheduled video conference time. Failure to submit a satisfactory makeup assignment by the deadline given will also result in 5% taken off the didactic portion of your score in this course.

The recorded video conferences will be available within 24 hours of the event.

X. ACADEMIC INTEGRITY

Each student on this clerkship rotation is expected to abide by the student conduct information as outlined in the ACOM Student Handbook. During examinations you must do your own work. Talking or discussion about the examination contents is not permitted during or after the examinations, nor can you compare papers, copy from others, or collaborate in any way. Any collaborative behavior during the examinations will result in failure of the exam, and may lead to failure of the course and disciplinary action.

Each student on this clerkship rotation is expected to abide by the rules established by the Health Insurance Portability and Accountability Act (HIPAA) with a focus on maintaining privacy of Protected Health Information (PHI), which includes discussing patient information in an inappropriate manner or inappropriate setting.

XI. COPYRIGHT STATEMENT

The materials on this course website are only for the use by students enrolled in this course for purposes associated with this course and may not be retained or further disseminated. (Title 17, US Code) For more information, see http://libguides.acomedu.org/copyright/copyright

XII. ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

In compliance with the ACOM policy and equal access laws, students requesting appropriate academic accommodations should meet with the ACOM Associate Dean of Student Services.
XIII. CHANGES TO THE SYLLABUS

This syllabus is subject to change without advance notification to students.
ACOM Learning Agreement for Advanced Clinical Skills Training Clerkship Rotation

To develop a set of mutually-agreed-upon learning objectives, students and preceptors should discuss the questions below on the first or second day of the clerkship rotation.

Student: ___________________________  Preceptor: ___________________________

Rotation Discipline: ___________________  Site: ___________________________

Rotation Period or Specific Dates: _________________________

I. What skills or knowledge does the student hope to learn in this clerkship rotation? (This section may be completed prior to meeting.)
   1. _____________________________________________________________________________
   2. _____________________________________________________________________________
   3. _____________________________________________________________________________

II. What skills or knowledge does the preceptor think the student most needs to learn in this clerkship rotation?
   1. _____________________________________________________________________________
   2. _____________________________________________________________________________
   3. _____________________________________________________________________________

III. Based on the two sets of goals above, what specific learning objectives* do the student and preceptor agree should be accomplished in this clerkship rotation? (Please list at least three)
   1. _____________________________________________________________________________
   2. _____________________________________________________________________________
   3. _____________________________________________________________________________

*Please note that learning objectives need to describe what the student will be able to do on completing the clerkship rotation. Please use objectives within this clerkship rotation syllabus.

IV. What activities will most help the student accomplish the above learning objectives? (rounds, pre-rounds, day start, day end, grand rounds, expected readings, journal clubs, etc.)
   1. _____________________________________________________________________________
   2. _____________________________________________________________________________
   3. _____________________________________________________________________________

SIGNATURES

Student: ___________________________
Preceptor: ___________________________
Date: ___________________________

Students are required to submit this document electronically on the appropriate software platform and strongly encouraged to keep the signed learning agreement for their records.

Rev. 7/19/17
Core Problems/Diagnoses: Students should diagnose, treat, and record the following health concerns in their E*Value portfolios.

1. Abdominal Distension
   1.1. Bowel Distention
   1.2. Ascites
   1.3. Other Causes
2. Abdominal Pain/Mass
   2.1. Acute – Diffuse
   2.2. Acute – Localized
   2.3. Acute – Pediatric
   2.4. Chronic – Constant
   2.5. Chronic – Crampy/Fleeting
   2.6. Chronic – Post-Prandial
3. Abnormal ECG
4. Abnormal Genital Bleeding
5. Abnormal Serum Lipid Profile
   5.1. Combined and Decreased HDL
   5.2. Increased LDL and Increased Triglycerides
6. Abnormal Serum TSH
7. Acid Base Disorders
8. Apparent Life Threatening Event (Pediatric)
   8.1. Acute Illness
   8.2. Witnessed Choking Spell
   8.3. Injury
   8.4. Apnea
9. Adrenal Mass
   9.1. Benign
   9.2. Malignant
10. Allergic Reactions
11. Altered Level of Consciousness
   11.1. Overall Approach to Altered Level of Consciousness
   11.2. GCS ≤ 7
12. Anemia/Pallor
   12.1. Overall Approach to Anemia
   12.2. Anemia with Elevated MCV
   12.3. Anemia with Normal MCV
   12.4. Anemia with Low MCV
13. Anorectal Pain
14. Autoimmune Diseases
   14.1. Infectious
   14.2. Congenital
15. Back Pain
16. Benign Prostatic Hypertrophy
17. Bleeding/bruising
   17.1. Coagulation Proteins
   17.2. Platelets and Vascular System
18. Bone Lesion
19. Breast Discharge
20. Breast Disorders
   20.1. Infection
   20.2. Mass
   20.3. Gynecomastia
      20.3.1. Increased Estrogen and Increased HCG
      20.3.2. Increased LH and Decreased Testosterone
21. Burns
22. Chest Discomfort
   22.1. Cardiovascular (Angina Pectoris)
   22.2. Pulmonary/Mediastinal
      22.2.1. Pulmonary Embolus
      22.2.2. Pulmonary Hypertension
      22.2.3. Pleural Effusion
   22.3. Other
23. Chest Trauma
24. Cognitive Impairment
   24.1. Dementias
25. Congenital
   Abnormalities/Defor\mnities/Limps
26. Cough
   26.1. Chronic (Adult)
   26.2. Dyspnea and Fever
   26.3. Acute (Pediatric)
   26.4. Chronic (Pediatric)
27. Deep Vein Thrombosis
28. Dialysis
29. Diarrhea/Constipation
   29.1. Acute Diarrhea (Adult)
   29.2. Chronic Diarrhea (Adult): Small Bowel
   29.3. Chronic Diarrhea (Adult): Steatorrhea and Large Bowel
   29.4. Diarrhea (Pediatric)
   29.5. Constipation (Adult): Altered Bowel Function and Idiopathic
   29.6. Constipation (Adult): Secondary Causes
29.7. Constipation (Pediatric)
   29.8. Stool Incontinence
30. Difficulty Swallowing (Deglutition Disorders)
31. Dizziness/Vertigo
32. Domestic Violence
33. Dypsnea/Breathlessness
33.1. Acute
33.2. Chronic – Cardiac
33.3. Chronic – Pulmonary/Other
33.4. Pediatric
34. Ear Pain, Hearing Loss, Deafness
  34.1. Hearing Loss
    34.1.1. Conductive
    34.1.2. Sensorineural
  34.2. Otalgia
  34.3. Tinnitus
    34.3.1. Objective
    34.3.2. Subjective
35. Electrolyte Disorders
  35.1. Hypercalcemia
    35.1.1. Low PTH
    35.1.2. Normal/High PTH
  35.2. Hypocalcemia
    35.2.1. High Phosphate
    35.2.2. Low Phosphate
    35.2.3. High/Low PTH
  35.3. Hyperkalemia
    35.3.1. Intracellular Shift
    35.3.2. Reduced Excretion
  35.4. Hypokalemia
  35.5. Hypernatremia
  35.6. Hyponatremia
  35.7. Hyperphosphatemia
  35.8. Hypophosphatemia
36. Elevated Liver Enzymes
37. End-of-Life/Palliative Care
38. Excessive Daytime Sleepiness
39. Eyes/Vision
  39.1. Acute Vision Loss
    39.1.1. Bilateral
    39.1.2. Unilateral
  39.2. Chronic Vision Loss
    39.2.1. Anatomic
  39.3. Amblyopia
  39.4. Diplopia
  39.5. Pupillary Abnormalities
    39.5.1. Isocoria
    39.5.2. Anisocoria
  39.6. Red Eye
    39.6.1. Atraumatic
    39.6.2. Traumatic
  39.7. Strabismus
    39.7.1. Ocular Misalignment
    39.8.1. Visual Field Defects
40. Falls in the Elderly
41. Fatigue
42. Fever/Chills
42.1. Acute Fever
42.2. Fever of Unknown Origin/Chronic Fever
43. Fractures
  43.1. Pathologic/Fragility Fractures
  43.2. Fracture Healing
  43.3. Pediatric Fractures
    43.3.1. Salter Harris Physeal Injury Classification System
44. Gait Disturbance
45. Gastrointestinal Bleeding
  45.1. Upper Gastrointestinal Bleed (Hematemesis/Melena)
  45.2. Lower Gastrointestinal Bleed
46. Genetic Disorders
47. Genital Lesion
48. Hair Loss (Alopecia)
  48.1. Diffuse
  48.2. Localized (focal)
49. Headache
  49.1. Primary
  49.2. Secondary with Red Flag Symptoms
  49.3. Secondary without Red Flag Symptoms
50. Heart Failure
  50.1. Left-Sided
  50.2. Right-Sided
51. Hematuria
52. Hemiplegia
  52.1. Upper Motor Neuron Weakness
53. Hemoptysis
54. Hepatomegaly
55. Hirsutism
  55.1. Hirsutism and Virilization
    55.1.1. Androgen Excess
    55.1.2. Hypertrichosis
56. Hyperglycemia/Diabetes Mellitus
57. Hypertension
  57.1. Pulmonary
  57.2. In Pregnancy
58. Hyperthyroidism
59. Hypoglycemia
60. Hypothyroidism
61. Hypoxemia
62. Immunocompromised/Immunodeficiency
  62.1. Fever in the Immunocompromised Host
63. Infertility and Contraception
  63.1. Female
  63.2. Male
64. Jaundice
  64.1. Adult
64.2. Infant and Neonatal

65. Joint Pain
   65.1. Acute Joint Pain – Vitamin CD
   65.2. Chronic/Degenerative Change
   65.3. Infectious Joint Pain
   65.4. Inflammatory Joint Pain
   65.5. Vascular Joint Pain

66. Kidney Disease/Injury
   66.1. Chronic
   66.2. Acute

67. Leukocytosis/Leukopenia

68. Liver Mass

69. Lung Nodule

70. Lymphadenopathy
   70.1. Diffuse
   70.2. Localized

71. Mechanisms of Pain

72. Mediastinal Mass

73. Menorrhea
   73.1. Amenorrhea
     73.1.1. Primary
     73.1.2. Secondary
   73.2. Dysmenorrhea
   73.3. Altered Menses
   73.4. Abnormal Vaginal Bleeding

74. Metabolic Acidosis
   74.1. Elevated Anion Gap
   74.2. Normal Anion Gap

75. Metabolic Alkalosis

76. Mood/Neurobehavioral Disorders/Anxiety/Depression
   76.1. Anxiety Disorders
     76.1.1. Associated with Panic
     76.1.2. Recurrent Anxious Thoughts
   76.2. Trauma- and Stressor-Related Disorders
   76.3. Obsessive-Compulsive and Related Disorders
   76.4. Personality Disorders
   76.5. Elevated Mood
   76.6. Depressed Mood
   76.7. Psychotic Disorders
   76.8. Somatoform Disorders
   76.9. Pediatric Mood and Anxiety Disorders (ADHD, autism, learning disorders)

77. Mouth Disorders
   77.1. Adult and Elderly
   77.2. Mucous Membrane Disorder (Oral Cavity)
   77.3. Pediatric

78. Movement Disorders
   78.1. Hyperkinetic

78.2. Tremor

78.3. Bradykinetic

79. Murmur/Abnormal Heart Sounds
   79.1. Abnormal Rhythm
     79.1.1. Abnormal Rhythm 1 (Types of Arrhythmia)
     79.1.2. Abnormal Rhythm 2 (Causes of Arrhythmia)
   79.2. Diastolic Murmur
   79.3. Systolic Murmur
     79.3.1. Benign and Stenotic
     79.3.2. Valvular and Other

80. Nail Disorders
   80.1. Primary Dermatologic Disease
   80.2. Systemic Disease
     80.2.1. Clubbing

81. Nausea and Vomiting
   81.1. Gastrointestinal Disease (Adult and Pediatric)
   81.2. Other Systemic Disease (Adult and Pediatric)

82. Neck Mass

83. Nephrolithiasis

84. Neutrophilia

85. Neutropenia
   85.1. Decreased Neutrophils Only
   85.2. Bicytopenia and Pancytopenia

86. Numbness/Tingling/Paresthesia/Painful Limb

87. Osteoporosis

88. Ovarian Mass

89. Pap Abnormality

90. Pelvic Mass/Pain
   90.1. Acute
   90.2. Chronic

91. Pelvic Organ Prolapse

92. Peripheral Weakness
   92.1. Weakness
   92.2. Sensory Changes
     92.2.1. Objective Lower Motor Neuron Weakness

93. Pigmentation Disorders
   93.1. Hyperpigmentation
   93.2. Hypopigmentation

94. Pleural Effusion

95. Polycythemia

96. Pregnancy/Delivery/Newborns
   96.1. Antenatal Care
   96.2. Bleeding in Pregnancy
     96.2.1. < 20 weeks
     96.2.2. 2nd and 3rd Trimesters
   96.3. Growth Discrepancy
96.3.1. Small for Gestational Age/Intrauterine Growth Restriction
96.3.2. Large for Gestational Age
96.4. Intrapartum Factors that may affect Fetal Oxygenation
96.5. Intrapartum Abnormal Fetal Heart Rate Tracing
   96.5.1. Variability and Decelerations
   96.5.2. Baseline
96.6. Postpartum Hemorrhage
96.7. Recurrent Pregnancy Loss
96.8. Dermatoses in Pregnancy
   96.8.1. Physiologic Changes
   96.8.2. Specific Skin Conditions
96.9. Preterm Infant Complications
96.10. Failure to Thrive
   96.10.1. Adequate Calorie Consumption
   96.10.2. Inadequate Calorie Consumption
96.11. Hypotonic Infant (Floppy Newborn)
96.12. Depressed/Lethargic Newborn
96.13. Cyanosis in the Newborn
   96.13.1. Respiratory
   96.13.2. Non-Respiratory
96.14. Respiratory Distress in the Newborn
96.15. Sudden Unexpected Death in Infancy (SUDI)
97. Preventive Health Care
   97.1. Vaccinations
   97.2. Cancer Screening
   97.3. STI Screening
98. Prolonged PT (INR)
   98.1. Prolonged PTT
   98.2. Normal PTT
99. Prolonged PTT, Normal PT (INR)
   99.1. Bleeding Tendency
   99.2. No Bleeding Tendency
100. Proteinuria
101. Pruritus
   101.1. Primary Skin Lesion
   101.2. No Primary Skin Lesion
102. Pulmonary Disorders
   102.1. Spirometry
103. Pulmonary Embolus
104. Pulse Abnormalities
105. Renal Cancer
106. Renal Failure
   106.1. Acute
   106.2. Chronic
107. Renal Mass
107.1. Solid
107.2. Cystic
108. Respiratory Sounds
   108.1. Noisy Breathing
      108.1.1. Wheezing (Pediatric)
      108.1.2. Stridor (Pediatric)
109. Scrotal Mass/Pain
110. Seizures/Spells
   110.1. Epileptic Seizure
   110.2. Secondary Organic Seizure
   110.3. Other
   110.4. Pediatric Seizure
      110.4.1. Unprovoked
      110.4.2. Provoked
      110.4.3. Spells
111. Sellar/Pituitary Mass
112. Sexual Dysfunction
113. Shock/Hypotension
114. Skin Lesions
   114.1. Primary Skin Lesion
   114.2. Secondary Skin Lesion
115. Skin Rash
   115.1. Eczematous
   115.2. Papulosquamous
   115.3. Pustular
   115.4. Reactive
   115.5. Vesiculobullous
116. Skin Ulcer by Etiology
   116.1. Physical
   116.2. Vascular
   116.3. Hematologic
   116.4. Neoplastic
   116.5. Neurological
   116.6. Infectious
   116.7. Metabolic
   116.8. Drugs
117. Skin Ulcer by Location
   117.1. Genitals
   117.2. Head and Neck
   117.3. Lower Legs/Feet
   117.4. Oral Ulcers
   117.5. Trunk/Sacral Region
118. Smell Dysfunction
119. Soft Tissue
   119.1. Septic
   119.2. Aseptic
120. Sore Throat/Rhinorrhea/Sinus and Nasal Congestion
121. Speech/Language Abnormalities
   121.1. Dysarthria
   121.2. Aphasia
121.2.1. Fluent  
121.2.2. Non-Fluent  
121.3. Hoarseness  
121.3.1. Acute  
121.3.2. Non-Acute  
122. Stature  
122.1. Short  
122.2. Tall  
123. Stroke  
123.1. Intracerebral Hemorrhage  
123.2. Ischemia  
123.3. Subarachnoid Hemorrhage  
124. Substance Abuse/Drug Addiction/Withdrawal  
125. Syncope  
126. Thrombocytopenia  
127. Thrombocytosis  
128. Tumor  
128.1. Metastatic  
128.2. Primary  
129. Urinary  
129.1. Urinary Incontinence  
129.2. Increased Urinary Frequency  
129.3. Dysuria  
129.4. Urinary Tract Obstruction  
129.5. Enuresis (Pediatric)  
130. Vaginal Discharge  
131. Vascular Lesions  
132. Weight Gain/Loss  

**The Portfolio Process:** Each of the health concerns listed above has several core entrustable professional activities (EPAs) that students must self-check. The more problems/diagnoses logged using EPAs, the better a student’s MSPE will be.

1. Gather a history and perform a physical examination  
2. Develop a prioritized differential diagnosis and select a working diagnosis following a patient encounter  
3. Recommend and interpret common diagnostic and screening tests  
4. Enter and discuss patient orders/prescriptions  
5. Provide documentation of a clinical encounter in written or electronic format  
6. Provide an oral presentation/summary of a patient encounter  
7. Form clinical questions and retrieve evidence to advance patient care  
8. Give or receive a patient handover to transition care responsibility to another health care provider or team  
9. Participate as a contributing and integrated member of an interprofessional team  
10. Recognize a patient requiring urgent or emergent care, initiate evaluation and treatment, and seek help  
11. Obtain informed consent for tests and/or procedures  
12. Perform general procedures of a physician  
13. Identify system failures and contribute to a culture of safety and improvement  

**Procedures:** Students should record procedures into their E*Value portfolios.

- Airway Management (specify type in notes section, i.e. nasotracheal, oropharyngeal, etc.)  
- APGAR and Dubowitz/Ballard Assessment  
- Arterial puncture – for blood gases (ABG)  
- Arthrocentesis  
- Breast Exam  
- Caesarean Section  
- Calculate medication dosage by weight and write a prescription; signed by physician  
- Cardiac ultrasound and Doppler studies  
- Casting/Splinting, Elbow  
- Casting/Splinting, Knee/Ankle  
- Casting/Splinting, Lower Extremity  
- Casting/Splinting, Other (Specify in Notes Section)  
- Casting/Splinting, Shoulder
- Casting/Splinting, Thumb Spica
- Casting/Splinting, Upper Extremity
- Casting/Splinting, Wrist/Hand
- Circumcision
- Colposcopy
- Digital Rectal Exam
- Ear, Evaluation and Treatment – Cerumen Removal
- Ear, Evaluation and Treatment, EAC foreign body removal/wick insertion
- Echocardiography
- EKG Interpretation
- Electroencephalogram
- Endoscopy (specify type in notes section)
- Episiotomy and repair
- Eye, Evaluation and Treatment – Evaluation of Corneal Abrasion
- Eye, Evaluation and Treatment – Evaluation of foreign body with lid eversion
- Eye, Evaluation and Treatment – slip lamp use
- Eye, Evaluation and Treatment – Tonometry
- Eye, Evaluation and Treatment of conjunctival foreign body
- Eye, Evaluation and Treatment of corneal foreign body
- Female Pelvic Exam, Bimanual Exam (enter specific pathology found in notes section)
- Female Pelvic Exam, PAP Smear (enter specific pathology found in notes section)
- H&P Prevention / Health Maintenance
- Hernia examination
- History and Physical – Complete/Comprehensive
- Injection – Sub-Q/Intradermal, IM (specify in notes section)
- Intravascular Access, Central Line (specify location in notes section)
- Intravascular Access, Central Line/Subclavian
- Intravascular Access, Intraosseous
- Intravascular Access, Peripheral
- Lumbar Puncture
- Male Genital Exam
- Mental Status Exam
- Mouth/Dental Evaluation and Treatment – regional Dental Block
- Mouth/Dental Evaluation and Treatment – Treatment of Aphthous Ulcers
- Mouth/Dental Evaluation and Treatment – treatment of Dry Socket S/P Extraction
- Nasogastric Tube Placement
- Newborn Management, Uncomplicated Delivery
- Newborn Management – Newborn Resuscitation
- Nose, Evaluation and Treatment – foreign body removal
- Nose, Evaluation and Treatment, Epistaxis Control (specify method used in notes section)
- Office Encounter, Chronic Complex Care
- Office Encounter, Routine Acute Problem
- Osteopathic Manipulation Treatment (OMT)
- Osteopathic Structural Exam
- Other Procedures (specify in notes section)
- Paracentesis
- Perform OPP autonomies
- Perform OPP lymphatics
- Peritoneal Lavage, Diagnostic
- Pre-Natal Care
- Provide Health Promotion / Disease Prevention
- Psychiatric Assessment (describe in notes section)
- Pulmonary Function Tests
- Remove sutures or staples
- Resuscitation Team Member (specify role in notes section, i.e. Leader, Compressor, etc.)
- Skin Lesion Excision
- Stress Testing
- Surgical Assist (specify type in notes section)
- Suturing, extremities (indicate type of anesthesia in notes section)
- Suturing, Face (indicate type of anesthesia in notes section)
- Suturing, Hand/digits (specify type of anesthesia in notes section)
- Thoracentesis
- Thoracostomy, Tube or Needle (specify in notes section)
- Ultrasound, bedside – FAST (Focused Assessment with Sonography for Trauma)
- Ultrasound, Other than FAST (specify in comments section)
- Urinalysis by Dipstick
- Urinary Catheter Insertion
- Vaginal Delivery – Spontaneous / Induced / Vacuum Extraction / Forceps (specify in notes section)
- Vaginal Delivery, Spontaneous
- Venipuncture
- Vision Screening
- Well Child Development Exam
- X-Ray Studies (specify type in notes section, i.e. chest, abdominal series, etc.)
APPENDIX C: NEEDLE-STICK AND BLOOD-BORNE PATHOGEN EXPOSURE PROCEDURE

NEEDLE-STICK AND BLOOD-BORNE PATHOGEN EXPOSURE

A separate, badge-sized card for needle-stick protocol is required to be worn by all students when in a clinical environment. If a student experiences a needle stick, puncture wound, accident, or sharp injury, or is otherwise exposed to bodily fluids of a patient while on a clinical clerkship, the student should:

1. **Immediately** wash the area, scrubbing skin with soap and water. Then,
2. **Immediately** report the incident to the attending physician or other appropriate supervising physician. Then,
3. **Immediately report to the facility’s emergency room for evaluation and treatment:**
   a. Prompt evaluation and treatment is essential. Post-exposure prophylaxis and other treatment may be indicated and should be started ideally within an hour of exposure.
   b. You will present yourself to the facility's emergency room as a patient for purposes of consent to treat and billing. Your health insurance will be the primary form of insurance used for any such incident(s).
4. **Contact your regional coordinator and the Associate Dean of Clinical Sciences.**

Students should also consult the [Needle-Stick Policies & Procedures libguide](#), which provides helpful information regarding site-specific protocols. Students may also access the [CDC guide for Post-Exposure Prophylaxis (PEP)](#) as needed.